

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AD FILED | | APPLICANT AUTHORITY | | APPLICANT AUTHORITY | | | | | | | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|--------------|-----|-----|-----|-----|-----|-----|
| | CND | DEP | CND | DEP | CND | DEP | | CND | DEP | CND | DEP | CND | DEP |
| 1 | 1 | | | | | | 31 | | | | | | |
| 2 | | 1 | | | | | 32 | | | | | | |
| 3 | | 1 | | | | | 33 | | | | | | |
| 4 | | 1 | | | | | 34 | | | | | | |
| 5 | | 4 | | | | | 35 | | | | | | |
| 6 | | 4 | | | | | 36 | | | | | | |
| 7 | | 4 | | | | | 37 | | | | | | |
| 8 | | 4 | | | | | 38 | | | | | | |
| 9 | | 4 | | | | | 39 | | | | | | |
| 10 | | 4 | | | | | 40 | | | | | | |
| 11 | | 4 | | | | | 41 | | | | | | |
| 12 | | 4 | | | | | 42 | | | | | | |
| 13 | | 4 | | | | | 43 | | | | | | |
| 14 | | 4 | | | | | 44 | | | | | | |
| 15 | | 4 | | | | | 45 | | | | | | |
| 16 | | 4 | | | | | 46 | | | | | | |
| 17 | | 4 | | | | | 47 | | | | | | |
| 18 | 1 | | | | | | 48 | | | | | | |
| 19 | | 1 | | | | | 49 | | | | | | |
| 20 | | 2 | | | | | 50 | | | | | | |
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| TOTAL IND. | 2 | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | 58 | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | 60 | | | | | | TOTAL CLAIMS | | | | | | |